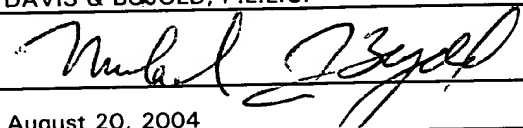
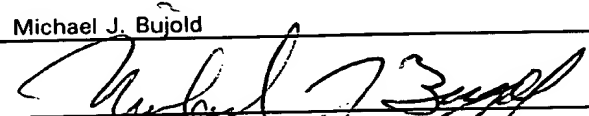
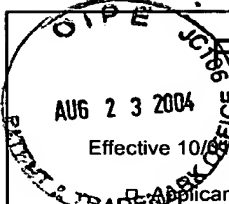

 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/621,527	<p>RECEIVED</p> <p>AUG 27 2004</p> <p>Technology Center 2600</p>
	Filing Date	July 21, 2000	
	First Named Inventor	Mitsuhiko INAGUMA et al.	
	Group Art Unit	2711	
	Examiner Name	Michael W. HOYE	
Total No. of Pages in this Submission: 53		Attorney Docket Number	ADACHI P188USP1
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (in DUPLICATE) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard 4 Japanese References	
REMARKS			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.		Reg. No. 32,018 CUSTOMER NO. 020210
Signature			
Date	August 20, 2004		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>August 20, 2004</u> .			
Type or printed name	Michael J. Bujold		
Signature			
			Date: August 20, 2004

<div style="float: left; width: 150px; text-align: center;">  </div> <div style="float: right; width: 350px;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p style="margin: 0;">Applicant claims small entity status. See 37 CFR 1.27</p> </div> <div style="clear: both;"></div>					Complete if Known																																																																																																																																																					
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.					<div style="text-align: right; font-weight: bold;">AUG 27 2004</div> <div style="text-align: right; font-weight: bold;">Technology Center 2600</div> <div style="text-align: right; font-weight: bold;">PAID</div> <h3 style="margin: 0;">3. 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